



DEVELOPMENT SERVICES DEPARTMENT

Building (954-797-1111)

Engineering (954-797-1113)

Planning & Zoning (954-797-1103)

**TOWN OF DAVIE** 6591 ORANGE DRIVE, DAVIE, FLORIDA 33314-3399 (954) 797-1000

**COMMERCIAL INTERIOR/EXTERIOR ALTERATION CHECKLIST**

**Required**

\_\_\_\_\_ Property tax folio number (On Tax Notice or Receipt)

\_\_\_\_\_ If suite/land are leased: Owner or Managing Agent must provide notarized letter approving the proposed improvement(s).

\_\_\_\_\_ **Zoning** (A Copy of Tenant's Application for Occupational License front and back.)  
(A Copy of Tenant's use updated tenant list and parking lot calculations.)  
(2 PLOT PLAN (Showing all intended areas of alterations)  
Surveys must show all easements and encumbrances

\_\_\_\_\_ **Engineering** (Engineering Division pavement restoration permit required for any ditches, trenches, grease traps, utility sleeves, etc

\_\_\_\_\_ **Structural Plans** (2 complete sets, sealed by Architect/Struct Engineer)

\_\_\_\_\_ **Electrical Plans** (2 Complete sets - if applicable to structure)

\_\_\_\_\_ **Plumbing Plans** (2 complete sets - if applicable to structure)

\_\_\_\_\_ **Mechanical Plans** (2 complete sets - if applicable to structure)  
(2 ENERGY CALCULATIONS & ENERGY GUIDE FORM (if applicable) (Supplied by Architect/Engineer)

\_\_\_\_\_ Broward county dept. of planning & environmental protection approval (Stamped on each set of plans \*bring in all forms they return)

\_\_\_\_\_ Department of business regulations hotel & restaurant division approval (If any type of food preparation is involved occupancy use)

\_\_\_\_\_ Broward county health department approval - If sewage and water usage is with Septic Tanks or Wells (Stamped on each set of plans \* bring in all forms they return)

\_\_\_\_\_ Utility service agreement (If occupancy is that of a restaurant, salon or medical field) (Town of Davie Utilities if in Town of Davie Service Area)

\_\_\_\_\_ Completed building permit application - Please note Plbg, Elect, Mech, Swimming Pool are separate applications.

\_\_\_\_\_ Contractors- A Copy of all application licenses (Competency & Occupational) original insurance certificates for Workman's Comp and General Liability

\_\_\_\_\_ Notarized signature on application

\_\_\_\_\_ Plan check fee in the amount of \$50.00 is due at the time of permit submittal.

